



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E369652**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE # **14-02724**

LOCAL AGENCY CODING ☐

TOTAL # OF UNITS **06** OBJECT STRUCK ☐

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **10** - **30** - **2014** **1823** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

SR **9 NE** BLOCK NO. ☒ **2000** MILE POST ☐

DISTANCE **450** **00** MILES ☐ N ☐ E ☐ OF (REFERENCE OR CROSS STREET) **SOPER HILL ROAD**
FEET ☒ S ☒ W ☐

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE ☐

LAST NAME **ROSEVELT** FIRST NAME **MERIDITH** MIDDLE INITIAL **M**

STREET NEW ADDRESS **6925 47TH AVE NE APT 9**

CITY **MARYSVILLE** ST **WA** ZIP **98270**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **ROSEVM274R3** STATE **WA** SEX **F** D.O.B. **12** - **23** - **1973**

ON DUTY ☐ STATUS ☐ AIRBAG **6** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

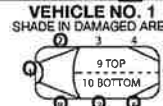
LICENSE PLATE # **AAC1332** STATE **WA** VIN# **2FMDA5340YBA91657**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2000** MAKE **FORD** MODEL **WINDST** STYLE **VN** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **FERMIN BAEZA 8416 11TH PL NE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # ☐ CHARGE ☐
VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # ☐



UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4253461012**

LAST NAME **FLEMING** FIRST NAME **CHRISTOPHER** MIDDLE INITIAL **M**

STREET NEW ADDRESS **12510 18TH ST NE #A3**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **FLEMICM146KA** STATE **WA** SEX **M** D.O.B. **05** - **01** - **1986**

ON DUTY ☐ STATUS ☐ AIRBAG **3** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **7** NATURE OF INJURIES **HAND AND EYE INJURY**

LICENSE PLATE # **ACH1357** STATE **WA** VIN# **1B3ES42C9TD595637**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **1996** MAKE **DODG** MODEL **NEON** STYLE **CP** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **OWNED BY DRIVER**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **OMNI 5800385** CHARGE ☐
VEHICLE LEGALLY STANDING YES ☒ NO ☐ CITATION # ☐



OFFICER'S NAME (PRINT) **W. AUKERMAN** BADGE OR ID # **72** AGENCY **WA0311900**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E369652**

CASE # **14-02724**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		WANLESS ASPEN M																	
ADDRESS & PHONE #		8817 LAKEWOOD RD STANWOOD WA 98292										SEX	F	D.O.B. MMDDYYYY	01	-	01	-	2006
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	4	SEAT POS.	6	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		WANLESS ELIJAH W																	
ADDRESS & PHONE #		8817 LAKEWOOD RD STANWOOD WA 98292										SEX	M	D.O.B. MMDDYYYY	01	-	01	-	2004
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	4	SEAT POS.	4	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY		-		-	
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

Please see subsequent narrative pages

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

W. AUKERMAN

10-30-14 11:22 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

10/30/2014 11:37:18 PM

BADGE OR ID #

72

ORI #

WA0311900

TIME POLICE DISPATCHED

6:24 PM

TIME POLICE ARRIVED

6:32 PM

NARRATIVE

On 10/30/2014 at about 1824 hours (all times approximate) I responded to a multiple vehicle collision in the 2000 block of SR 9 NE in the city of Lake Stevens. Arriving on scene I found 7 vehicles had been involved; one leaving the scene with damage (identified) and one leaving the scene with unknown damage (not identified) before police arrived on scene.

Based on evidence and statements at the scene it is found that U1 had been traveling northbound on SR 9 in the 2000 block, traveling in the inside lane of a two lane Highway, and came upon stopped northbound vehicle traffic which was backed up from the traffic light at Soper Hill Road. The driver of U1 claimed she attempted to brake and that the brake pedal went to the floor; applying no brakes. U1 then collided into the back of U2 at a high rate of speed (55mph speed zone), which caused U2 to collide into the back of U3, which caused U3 to collide into the back of U4. The driver of U4 claimed the rear end collision she had received from U3 had caused her vehicle to move forward and strike another vehicle in front of her which left the scene; not being identified before it left.

The driver of U1 claimed she got out of her vehicle to check on the other drivers, when her vehicle (U1) rolled backward across the Highway (southwest bound) striking southbound traveling U5. When U1 struck U5 (which was traveling in the inside lane of southbound SR 9), it pushed U5 into the outside lane and into the path of U6 which was traveling southbound in the outside lane of travel on SR 9.

The driver of U6 provided his name, phone number and vehicle license plate number before he left the scene of the collision claiming he had to go because he was on his way to the hospital where his girlfriend was currently at after she had been involved in a collision.

All the drivers in U2, U3 and U4 claimed they were all stopped at the time of the collision.

The drivers of U2, U3 and U5 were transported from the scene by aid car to an area hospital for possible injuries (non-life threatening).

U1, U2, U3 and U5 were all towed from the scene by Sky Valley Towing.

At the time of the collision the driver of U1 was unable to provide current proof of vehicle insurance. The driver of U1 disclosed to me that she had to put some brake fluid in her vehicle when she had changed the vehicle oil a few weeks ago. The driver of U1 claimed she had never experienced no brakes and described the brake pedal as going to the floor when she attempted to apply the vehicle brakes.

It should be noted when I ran the driver of U6, who had left the scene prior to police arrival, I found his driver's license status is suspended/revoked in the third degree as of 6/23/2014 for FTA/UNPAID TKT. I later contacted the driver of U6's parents who provided me with the insurance information for the vehicle. The father also claimed he had gotten a phone call from his son (U6) who had informed him that he had been involved in a collision today. I left my business card with the Father requesting he have his son call me so I can get pictures of his vehicle that had been involved in the collision. I also later cited the driver of U6, via sent to the court for mailing, for operating a motor vehicle while having a suspended/revoked driver's status.

I contacted the three drivers who had been transported to an area hospital, providing them a copy of the vehicle impound forms for their vehicles and providing them my business card with the case report number.



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E369652**

CASE # **14-02724**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐ INTRASTATE ☐

UNIT # USDOT ICC # VEHICLE TYPE CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY ST ZIP

NAME SOURCE # AXLES GVWR PLACARD ☐ + NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT # **3** MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4253030378**

LAST NAME **GRIFFITH** FIRST NAME **KARI** MIDDLE INITIAL **A**

STREET NEW ADDRESS ☐ **1116 E MARINE VIEW DR**

CITY **EVERETT** ST **WA** ZIP **98201**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **GRIFFKA337NW** STATE **WA** SEX **F** D.O.B. **MMDDYYYY 08 - 16 - 1967**

ON DUTY ☐ STATUS AIRBAG **3** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **7** NATURE OF INJURIES **UNKNOWN**

LICENSE PLATE # **AJX5762** STATE **WA** VIN# **JM1BL1H63A1182920**

TRAILER PLATE # STATE TRAILER PLATE # STATE

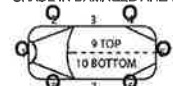
VEH. YEAR **2010** MAKE **MAZD** MODEL **MZ3HT4** STYLE VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO, OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **STATE FARM 187-5508-C24-47**

VEHICLE LEGALLY STANDING YES ☒ NO ☐ CITATION # CHARGE

SHADE IN DAMAGED AREA



UNIT # **4** MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4252686997**

LAST NAME **WANLESS** FIRST NAME **BRITTANY** MIDDLE INITIAL **A**

STREET NEW ADDRESS ☐ **8817 LAKEWOOD RD**

CITY **STANWOOD** ST **WA** ZIP **98292**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **WANLEBA133KB** STATE **WA** SEX **F** D.O.B. **MMDDYYYY 05 - 02 - 1987**

ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **AFM5809** STATE **WA** VIN# **5GAKVBED9BJ395201**

TRAILER PLATE # STATE TRAILER PLATE # STATE

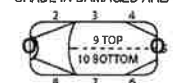
VEH. YEAR **2011** MAKE **BUIC** MODEL **ENCLAV** STYLE VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO, OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **AMERICAN FAMILY INS 1914-3356-03-85-FPPA-WA**

VEHICLE LEGALLY STANDING YES ☒ NO ☐ CITATION # CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

W. AUKERMAN
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET DATED: **10-30-14 11:22 PM** PLACE SIGNED

BADGE OR ID # **72** ORI # **WA0311900** APPROVED BY **MINER** DATE **10/30/201** PAGE **4** OF **6**



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E369652**

CASE # **14-02724**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐ INTRASTATE ☐

UNIT # USDOT ICC # VEHICLE TYPE CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT # **5** MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 2068188970**

LAST NAME **LABORDA**

FIRST NAME **AMY**

MIDDLE INITIAL **R**

STREET NEW ADDRESS

13010 311TH AVE SE

CITY **SULTAN**

ST **WA**

ZIP **98294**

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE # **LABORAR216R1**

STATE **WA**

SEX **F**

D.O.B. **MMDDYYYY**

12

21

1979

ON DUTY ☐ STATUS

AIRBAG **2**

RESTR. **4**

EJECT **1**

HELMET USE **2**

INJURY CLASS **7**

NATURE OF INJURIES **NECK-BACK**

LICENSE PLATE # **190YLE**

STATE **WA**

VIN# **KMHDN56D06U188705**

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR **2006**

MAKE **HYUN**

MODEL **ELANTRA**

STYLE

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☒

INSURANCE CO. & POLICY # **STATE FARM 139 3306-A21-47B**

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT # **6** MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4257600360**

LAST NAME **CARLSON**

FIRST NAME **KRAMER**

MIDDLE INITIAL **D**

STREET NEW ADDRESS

5924 W FLOWING LAKE RD

CITY **SNOHOMISH**

ST **WA**

ZIP **98290**

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE # **CARLSKD093BD**

STATE **WA**

SEX **M**

D.O.B. **MMDDYYYY**

01

04

1991

ON DUTY ☐ STATUS

AIRBAG **9**

RESTR. **9**

EJECT **1**

HELMET USE **2**

INJURY CLASS **0**

NATURE OF INJURIES **DRIVER LEFT SCENE BEFORE PD ARRIVAL**

LICENSE PLATE # **B11767R**

STATE **WA**

VIN# **1FTPW14525KE81079**

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR **2005**

MAKE **FORD**

MODEL **F1**

STYLE **PK**

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☒

INSURANCE CO. & POLICY # **PEMCO CA-1169304**

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION # **4Z0818790**

CHARGE **NO VALID OPERATORS LICENSE**

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

W. AUKERMAN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

10-30-14 11:22 PM

DATED:

PLACE SIGNED

BADGE OR ID # **72**

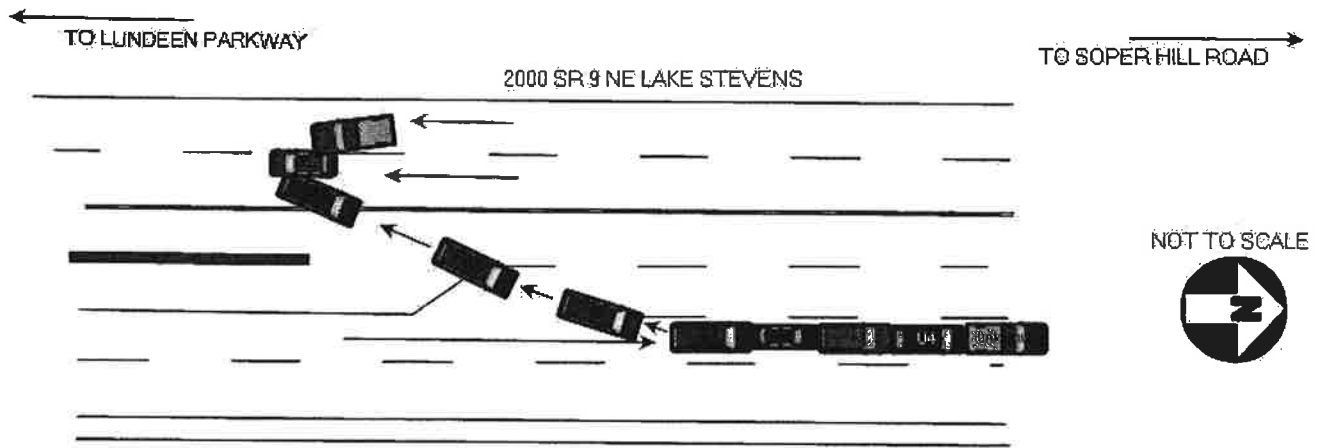
ORI # **WA0311900**

APPROVED BY **MINER**

DATE **10/30/201**

PAGE **5**

OF **6**





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

SUPPLEMENTAL

REPORT NO. E369652

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE #	14-02724
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LOCAL AGENCY CODING

TOTAL # OF UNITS	06	OBJECT STRUCK
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	10	-	30	-	2014			1823	31		0664
N <input type="checkbox"/> E <input type="checkbox"/> IN <input checked="" type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF											

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>	BLOCK NO. <input checked="" type="checkbox"/>	MILE POST <input type="checkbox"/>
SR 9 NE			2000	

DISTANCE	OF (REFERENCE OR CROSS STREET)
450 00 MILES <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> FEET <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> W	SOPER HILL ROAD

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	ROSEVELT	FIRST NAME	MERIDITH	MIDDLE INITIAL	M
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STREET NEW ADDRESS	8925 47TH AVE NE APT 9
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CITY	MARYSVILLE	ST	WA	ZIP	98270
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	ROSEVMM274R3	STATE	WA	SEX	F	D.O.B.	12	23	1973
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	6	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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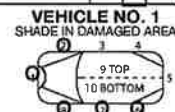
LICENSE PLATE #	AAC1332	STATE	WA	VIN#	2FMDA5340YBA91657
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2000	MAKE	FORD	MODEL	WINDST	STYLE	VN	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. FERMIN BAEZA 8416 11TH PL NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4253481012
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LAST NAME	FLEMING	FIRST NAME	CHRISTOPHER	MIDDLE INITIAL	M
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STREET NEW ADDRESS	12510 18TH ST NE #A3
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	FLEMICM146KA	STATE	WA	SEX	M	D.O.B.	05	01	1986
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES	HAND AND EYE INJURY
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LICENSE PLATE #	ACH1357	STATE	WA	VIN#	1B3ES42C9TD595637
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1996	MAKE	DODG	MODEL	NEON	STYLE	CP	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
------------------------	---------------	--------

W. AUKERMAN

72

WA0311900



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E369652**

CASE # **14-02724**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		WANLESS ASPEN M																
ADDRESS & PHONE #		8817 LAKEWOOD RD STANWOOD WA 98292					SEX	F	D.O.B. MMDDYYYY	01	-	01	-	2006				
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	4	SEAT POS.	6	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		WANLESS ELIJAH W																
ADDRESS & PHONE #		8817 LAKEWOOD RD STANWOOD WA 98292					SEX	M	D.O.B. MMDDYYYY	01	-	01	-	2004				
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	4	SEAT POS.	4	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #							SEX		D.O.B. MMDDYYYY		-		-					
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Please see subsequent narrative pages

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

W. AUKERMAN		10-31-14 09:16 PM			
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET		DATED	
APPROVED BY		DATE		PLACE SIGNED	
ROBERT MINER 095		10/31/2014 9:21:10 PM			
BADGE OR ID #	72	ORI #	WA0311900	TIME POLICE DISPATCHED	6:24 PM
			TIME POLICE ARRIVED	6:32 PM	

NARRATIVE

On 10/30/2014 at about 1824 hours (all times approximate) I responded to a multiple vehicle collision in the 2000 block of SR 9 NE in the city of Lake Stevens. Arriving on scene I found 7 vehicles had been involved; one leaving the scene with damage (identified) and one leaving the scene with unknown damage (not identified) before police arrived on scene.

Based on evidence and statements at the scene it is found that U1 had been traveling northbound on SR 9 in the 2000 block, traveling in the inside lane of a two lane Highway, and came upon stopped northbound vehicle traffic which was backed up from the traffic light at Soper Hill Road. The driver of U1 claimed she attempted to brake and that the brake pedal went to the floor; applying no brakes. U1 then collided into the back of U2 at a high rate of speed (55mph speed zone), which caused U2 to collide into the back of U3, which caused U3 to collide into the back of U4. The driver of U4 claimed the rear end collision she had received from U3 had caused her vehicle to move forward and strike another vehicle in front of her which left the scene; not being identified before it left.

The driver of U1 claimed she got out of her vehicle to check on the other drivers, when her vehicle (U1) rolled backward across the Highway (southwest bound) striking southbound traveling U5. When U1 struck U5 (which was traveling in the inside lane of southbound SR 9), it pushed U5 into the outside lane and into the path of U6 which was traveling southbound in the outside lane of travel on SR 9.

The driver of U6 provided his name, phone number and vehicle license plate number before he left the scene of the collision claiming he had to go because he was on his way to the hospital where his girlfriend was currently at after she had been involved in a collision.

All the drivers in U2, U3 and U4 claimed they were all stopped at the time of the collision.

The drivers of U2, U3 and U5 were transported from the scene by aid car to an area hospital for possible injuries (non-life threatening).

U1, U2, U3 and U5 were all towed from the scene by Sky Valley Towing.

At the time of the collision the driver of U1 was unable to provide current proof of vehicle insurance. The driver of U1 disclosed to me that she had to put some brake fluid in her vehicle when she had changed the vehicle oil a few weeks ago. The driver of U1 claimed she had never experienced no brakes and described the brake pedal as going to the floor when she attempted to apply the vehicle brakes.

It should be noted when I ran the driver of U6, who had left the scene prior to police arrival, I found his driver's license status is suspended/revoked in the third degree as of 6/23/2014 for FTA/UNPAID TKT. I later contacted the driver of U6's parents who provided me with the insurance information for the vehicle. The father also claimed he had gotten a phone call from his son (U6) who had informed him that he had been involved in a collision today. I left my business card with the Father requesting he have his son call me so I can get pictures of his vehicle that had been involved in the collision. I also later cited the driver of U6, via sent to the court for mailing, for operating a motor vehicle while having a suspended/revoked driver's status.

I contacted the three drivers who had been transported to an area hospital, providing them a copy of the vehicle impound forms for their vehicles and providing them my business card with the case report number.

On 10/31/2014 I called the driver of U1 in an attempt to obtain her vehicle insurance information. I was told by the driver of U1 that she had contacted her insurance company (Westfield Ins) and that they were unable to assist her due to the high volume of collision claims being processed today. The

NARRATIVE

driver of U1 claimed she should have the vehicle insurance information by Monday 11/03.

On 10/31/2014 I received a voice message from the driver of U6 at the police department. I returned his call and spoke to him on the phone. The driver of U6 claimed he had to leave the collision scene due to his girlfriend being in the hospital. The driver of U6 stated he had given his information to one of the "victims" in the collision and then left the scene. The driver of U6 also provided his current address and a location for U6 so I could take digital images of the vehicle. While on the phone with the driver of U6 I informed him that I had completed a traffic infraction, to be mailed to him by the court, for operating a motor vehicle while not having a valid operator's license (DWLSR). The driver stated he would just pay the \$550 infraction when I explained to him that he could contest and/or mitigate the infraction.

On the evening of 10/31 I went to the address provided for U6 and took digital images of the vehicle. I noted damage to the front driver's quarter area of the vehicle and that the front quarter had been altered due to the body parts not lining up correctly. I took several digital images of U6 which I later saved to a CD-RW and logged as evidence (#2). I also noted 3 out of the 4 tires on U6 were below legal tread depth, having smooth surfaces in places along the tires.

At this time I am still awaiting vehicle insurance information from the driver of U1.



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E369652**

CASE # **14-02724**

COMMERCIAL MOTOR CARRIER

UNIT # **1** USDOT **8** ICC # **27** INTERSTATE ☐ INTRASTATE ☐ VEHICLE TYPE **1** CARGO BODY TYPE **8**

CARRIER NAME **1**

CARRIER ADDRESS **2**

CITY **3** ST **1** ZIP **8**

NAME SOURCE **0** # AXLES **7** GVWR **29** PLACARD ☐ + ☐ NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT # **3** MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4253030378**

LAST NAME **GRIFFITH** FIRST NAME **KARI** MIDDLE INITIAL **A**

STREET NEW ADDRESS **1116 E MARINE VIEW DR**

CITY **EVERETT** ST **WA** ZIP **98201**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **GRIFFKA337NW** STATE **WA** SEX **F** D.O.B. **08** - **16** - **1967**

ON DUTY ☐ STATUS ☐ AIRBAG **3** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **7** NATURE OF INJURIES **UNKNOWN**

LICENSE PLATE # **AJX5762** STATE **WA** VIN# **JM1BL1H63A1182920**

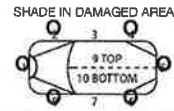
TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2010** MAKE **MAZD** MODEL **MZ3HT4** STYLE ☐ VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **STATE FARM 187-5508-C24-47**

VEHICLE LEGALLY STANDING YES ☒ NO ☐ CITATION # ☐ CHARGE ☐



UNIT # **4** MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE **D: 4252686997**

LAST NAME **WANLESS** FIRST NAME **BRITTANY** MIDDLE INITIAL **A**

STREET NEW ADDRESS **8817 LAKEWOOD RD**

CITY **STANWOOD** ST **WA** ZIP **98292**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **WANLEBA133KB** STATE **WA** SEX **F** D.O.B. **05** - **02** - **1987**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **AFM5809** STATE **WA** VIN# **5GAKVBED9BJ395201**

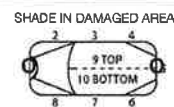
TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2011** MAKE **BUIC** MODEL **ENCLAV** STYLE ☐ VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **AMERICAN FAMILY INS 1914-3356-03-85-FPPA-WA**

VEHICLE LEGALLY STANDING YES ☒ NO ☐ CITATION # ☐ CHARGE ☐



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

W. AUKERMAN

INVESTIGATING OFFICER'S SIGNATURE **10-31-14 09:16 PM** UNIT OR DIST DET **DATED:** PLACE SIGNED

BADGE OR ID # **72** ORI # **WA0311900** APPROVED BY **MINER** DATE **10/31/201** PAGE **5** OF **7**



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E369652**

CASE # **14-02724**

COMMERCIAL MOTOR CARRIER

UNIT # **1** USDOT **8** ICC # **27** INTERSTATE ☐ INTRASTATE ☐

CARRIER NAME **1** CARGO BODY TYPE **8**

CARRIER ADDRESS **2**

CITY **3** ST **1** ZIP **8**

NAME SOURCE **4** # AXLES **4** GVWR **4** PLACARD **4** + **4** NAME IF NO NUMBER **29**

ADDITIONAL UNITS

UNIT # **5** MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET ☒ YES ☐ NO **2** PHONE **D: 2068188970**

LAST NAME **LABORDA** FIRST NAME **AMY** MIDDLE INITIAL **R**

STREET NEW ADDRESS **13010 311TH AVE SE**

CITY **SULTAN** ST **WA** ZIP **98294**

CDL **1** RESTRICTIONS **2** ENDORSEMENTS **31**

DRIVER'S LICENSE # **LABORAR216R1** STATE **WA** SEX **F** D.O.B. **12** - **21** - **1979**

ON DUTY ☐ STATUS **2** AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **7** NATURE OF INJURIES **NECK-BACK**

LICENSE PLATE # **190YLE** STATE **WA** VIN# **KMHNDN56D06U188705**

TRAILER PLATE # **1** STATE **2** TRAILER PLATE # **2** STATE **32**

VEH. YEAR **2008** MAKE **HYUN** MODEL **ELANTRA** STYLE **5** VEHICLE TOWED ☒ YES ☐ NO **5** TOWED BY **5** GOVT. VEHICLE ☐ YES ☒ NO

REGISTERED OWNER INFO, OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **STATE FARM 139 3306-A21-47B** CITATION # **1** CHARGE **5**

UNIT # **6** MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET ☒ YES ☐ NO **2** PHONE **D: 4257600360**

LAST NAME **CARLSON** FIRST NAME **KRAMER** MIDDLE INITIAL **D**

STREET NEW ADDRESS **12511 84TH ST NE**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL **1** RESTRICTIONS **2** ENDORSEMENTS **38**

DRIVER'S LICENSE # **CARLSKD093BD** STATE **WA** SEX **M** D.O.B. **01** - **04** - **1991**

ON DUTY ☐ STATUS **9** AIRBAG **9** RESTR. **9** EJECT **1** HELMET USE **2** INJURY CLASS **0** NATURE OF INJURIES **DRIVER LEFT SCENE BEFORE PD ARRIVAL**

LICENSE PLATE # **B11787R** STATE **WA** VIN# **1FTPW14525KE81079**

TRAILER PLATE # **1** STATE **2** TRAILER PLATE # **2** STATE **39**

VEH. YEAR **2005** MAKE **FORD** MODEL **F1** STYLE **PK** VEHICLE TOWED ☒ YES ☐ NO **23** TOWED BY **23** GOVT. VEHICLE ☐ YES ☒ NO

REGISTERED OWNER INFO, OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **PEMCO CA-1169304** CITATION # **4Z0818790** CHARGE **NO VALID OPERATORS LICENSE**

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

W. AUKERMAN

INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET

10-31-14 09:16 PM

DATED:

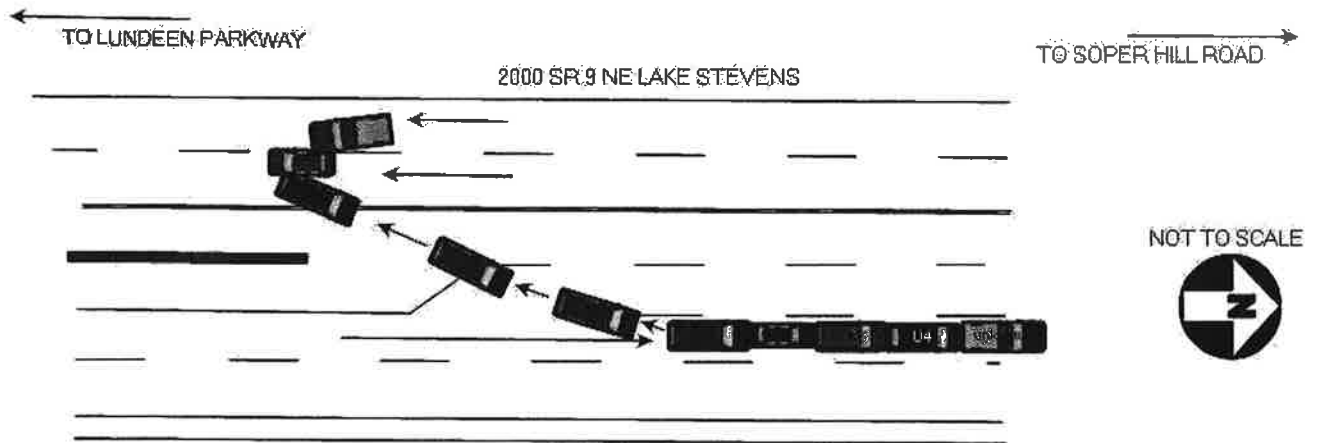
PLACE SIGNED

BADGE OR ID # **72** ORI # **WA0311900**

APPROVED BY **MINER**

DATE **10/31/201**

PAGE **6** OF **7**



ADDITIONAL NARRATIVE

<small>AGENCY NAME</small> LAKESTEVEENS POLICE DEPARTMENT	<small>INCIDENT CLASSIFICATION</small> VEHICLE COLLISION	<small>INCIDENT NUMBER</small> 14-02724
<small>NAME OF VICTIM(S)</small>		

FOLLOW UP NARRATIVE:

On 11/05/2014 at about 1800 hours (all times approximate) I contacted the driver of U1 (Rosevelt) in an attempt to get her insurance information for the case report.

Rosevelt informed me that her insurance company (Westerfield Ins.) had told her that her insurance policy had expired about a week before the vehicle collision. Rosevelt could not provide an insurance policy number and claimed the insurance was in her name.

I informed Rosevelt that I would be completing a traffic infraction for no vehicle insurance which would be mailed to her address by the court.

On 11/05/2014 I completed traffic infraction 4Z0818791 for no vehicle insurance, issued via sent to the court for mailing, to Rosevelt at her current address in Marysville which she had provided.

END OF REPORT.

**LSPD
ORIGINAL**

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

<small>OFFICER NAME / NUMBER</small> W. AUKERMAN/#72	<small>APPROVED BY</small>  11/6/14
--	--

INFRACITION ☒ TRAFFIC ☐ NON-TRAFFIC L.E.A. ORI # WA0311900 COURT ORI # WA031031J INFRACITION # 4Z0818790 REPORT # 14-02724IN THE ☐ DISTRICT ☒ MUNICIPAL COURT OF MARYSVILLE MUNICIPAL COURT☐ STATE OF WASHINGTON ☐ COUNTY OF☒ CITY/TOWN OF LAKE STEVENS

PLAINTIFF VS. NAMED DEFENDANT

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

DRIVER'S LICENSE NO. CARLSKD093BD ADDRESS 5924 W FLOWING LAKE RD

STATE WA 01-04-17

EXPIRES

PHOTO ID MATCHED ☐ YES ☒ NO

NAME: LAST CARLSON

FIRST KRAMER

MIDDLE D

SFX

CDL ☐ YES ☒ NO

EMPLOYER

DATE OF BIRTH 01-04-91

RACE W

SEX M

HEIGHT 6'05"

WEIGHT 245

EYES BLU

HAIR

RESIDENTIAL PHONE NO. (425)1760-0360

CELL/PAGER PHONE NO.

WORK PHONE NO.

CITY/COUNTY OF LAKE STEVENS/SNOHOMISH

M.P. BLOCK # 2000

VIOLATION DATE

ON OR ABOUT 10/30/2014 18:23

LANG:

INTERPRETER NEEDED

AT LOCATION SR 9 N3

REF. TRAFFICWAY

EMP LOCATION

IF NEW ADDRESS ☐ PASSENGER

CITY SNOHOMISH

STATE WA

ZIP CODE 98290

MID

ZIP CODE 98290

STATE WA

VEH LIC NO

B11767R

STATE WA

EXPIRES 08-31-14

VEH YR 2005

MAKE FORD

MODEL F1

STYLE PICKUP

COLOR GRAY

TR #1 LIC NO

STATE

EXPIRES

TR YR

STATE

OWNER/COMPANY IF OTHER THAN DRIVER

ADDRESS

CITY

STATE

ZIP CODE

STATE

ZIP CODE

STATE

ZIP CODE

STATE

ZIP CODE

STATE

ZIP CODE

STATE

ACCIDENT

POSSIBLE INJURY

COMMERCIAL VEHICLE

YES ☐ NO ☒

HAZMAT

YES ☐ NO ☒

FIRE

EXEMPT VEHICLE

LEA

STATE

EXPIRES

TR YR

STATE

ZIP CODE

VEH SPEED

IN A

ZONE

SMD

PACE

AIRCRAFT

DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES

NO VALID OPER LICENSE WITH VALID ID

TOTAL PENALTY \$ 550.00

PENALTY \$ 550.00

PENALTY \$

PENALTY \$

PENALTY \$

PENALTY \$

RELATED #

DATE ISSUED 10-30-14

TOTAL PENALTY \$ 550.00

TOTAL PENALTY \$ 550.00

TOTAL PENALTY \$ 550.00

TOTAL PENALTY \$ 550.00

TOTAL PENALTY \$ 550.00

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TOTAL PENALTY \$ 550.00

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TOTAL PENALTY \$ 550.00

TOTAL PENALTY \$ 550.00

TOTAL PENALTY \$ 550.00

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER W. AUKERMAN

72

OFFICER

TICKET REFERRED TO PROSECUTOR

TICKET SENT TO COURT FOR MAILING

TICKET SERVED ON VIOLATOR

TICKET SENT TO COURT FOR MAILING

TICKET SERVED ON VIOLATOR

TICKET SERVED ON VIOLATOR

TICKET SERVED ON VIOLATOR

TICKET SERVED ON VIOLATOR

TICKET SERVED ON VIOLATOR

TICKET SERVED ON VIOLATOR

NOTICE OF INFRACITION

This is a non-criminal offense for which you cannot go to jail.

YOU MUST RESPOND WITHIN FIFTEEN (15) DAYS FROM THE DATE ISSUED.

Your response must be postmarked by midnight of the day it is due at the court.

If you do not respond or appear for court hearings:

TRAFFIC

The court will find that you committed the infraction.

You may lose your driver's license privilege.

Your penalty will be increased.

Failure to pay may result in a referral of your case to a collection agency.

Failure to pay may result in a referral of your case to a collection agency.

Failure to pay may result in a referral of your case to a collection agency.

Failure to pay may result in a referral of your case to a collection agency.

Failure to pay may result in a referral of your case to a collection agency.

Check one of the 3 boxes to the right, sign, date, and mail this form to:

MARYSVILLE MUNICIPAL COURT

1015 STATE AVE

MARYSVILLE WA 98270-4301

MARYSVILLE WA 98270-4301

MARYSVILLE WA 98270-4301

MARYSVILLE WA 98270-4301

MARYSVILLE WA 98270-4301

MARYSVILLE WA 98270-4301

MARYSVILLE WA 98270-4301

MARYSVILLE WA 98270-4301

MARYSVILLE WA 98270-4301

MARYSVILLE WA 98270-4301

MARYSVILLE WA 98270-4301

Court contact information:

Phone 1: (360)363-8050

Phone 1: (360)363-8050

Phone 1: (360)363-8050

Phone 1: (360)363-8050

Phone 1: (360)363-8050

Phone 1: (360)363-8050

Phone 1: (360)363-8050

Phone 1: (360)363-8050

Phone 1: (360)363-8050

Phone 1: (360)363-8050

Phone 1: (360)363-8050

Phone 1: (360)363-8050

Phone 1: (360)363-8050

My mailing address is: (PLEASE PRINT)

Name:

Street or PO Box

City:

State:

Zip Code:

Apt:

Telephone:

Home:

Work:

Language:

Is interpreter needed?

X:

X:

(SIGNATURE):

4Z0818790

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PAGE 1 OF 1

[illegible]

CHECK ALL THAT APPLY.

UNIFORM WASHINGTON STATE

14-02724

TOW / IMPOUND
AND INVENTORY RECORD

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM _____

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN

1 B 3 E S 4 2 C 9 T D 5 9 5 6 3 7

LICENSE

ACH1357

STATE

WA

YEAR

1996

MAKE

DODGE

MODEL

NIJON

MILEAGE

☐ Report of Sale☐ Digital

STYLE

CP

COLOR

Red

DRIVER

NAME (LAST, FIRST, MI)

UNKNOWN

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

DOB

REGISTERED OWNER

NAME (LAST, FIRST, MI)

FLAMING, CHRISTOPHER M

STREET ADDRESS

10364 ROAD 5.8 NIE

CITY, STATE, ZIP CODE

MOSES LAKE WA 98837

PHONE

LEGAL OWNER

NAME (LAST, FIRST, MI)

SAME AS R/O

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 10-30-14 AT 1900 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE SKY VALLEY

TO REMOVE THIS VEHICLE FROM 2000 SR 9 NIE LAKE STEWENS WA (TOWING FIRM)

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE

[Signature]

DOL TOW TRUCK NO.

502-02

DATE

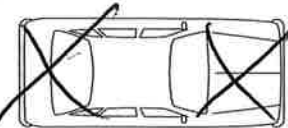
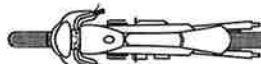
EQUIPMENT

- ☐ GLOVE BOX LOCKED
☐ KEYS []
☐ AUTO STEREO
☐ AUDIO TAPES / CD'S []
☐ CB RADIO
☐ RADAR DETECTOR
☐ TRUNK LOCKED
☐ SPARE TIRE
☐ JACK
☐ CHAINS
☐ OTHER _____

DAMAGE

- ☐ FRONT
☐ R FRONT
☐ R SIDE
☐ R REAR
☐ L FRONT
☐ L SIDE
☐ L REAR
☐ REAR
☐ TOP
☐ UNDERCARRIAGE
☒ OTHER APPEARS TOTAL LOSS

SHADE DAMAGED AREA



EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

DRIVER TRANSPORTED FROM SCENE BY AID CAR

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

X

[Signature]

SNOHOMISH
COUNTY, WA

BADGE NO.

72

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

14-02724

TOW / IMPOUND
AND INVENTORY RECORD

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD

- ☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM _____

- ☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

- ☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN

2FMDA5340YBA91657

LICENSE

AA1332

STATE

WA

YEAR

00

MAKE

Ford

MODEL

WINDSTAR

MILEAGE

☐ Report of Sale☐ Digital

STYLE

Van

COLOR

BLU

DRIVER

NAME (LAST, FIRST, MI)

RODNEY MEREDITH

STREET ADDRESS

1575 47th Avenue NE

CITY, STATE, ZIP CODE

Marysville 98270

PHONE

DOB

12/28/13

REGISTERED OWNER

NAME (LAST, FIRST, MI)

SANDY ASLEGA

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

LEGAL OWNER

NAME (LAST, FIRST, MI)

DAEZA FERMIN

STREET ADDRESS

2416 17th Pl NE

CITY, STATE, ZIP CODE

Lake Stevens 98258

PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 10/30/14 AT 1915 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE SKY VALLEY (TOWING FIRM)

TO REMOVE THIS VEHICLE FROM SR9 mp 16.5

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE

80132

DOL TOW TRUCK NO.

DATE

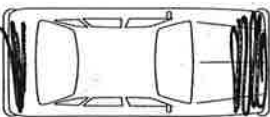
EQUIPMENT

- ☐ GLOVE BOX LOCKED
☐ KEYS []
☐ AUTO STEREO
☐ AUDIO TAPES / CD'S []
☐ CB RADIO
☐ RADAR DETECTOR
☐ TRUNK LOCKED
☐ SPARE TIRE
☐ JACK
☐ CHAINS
☐ OTHER _____

DAMAGE

- ☒ FRONT
☐ R FRONT
☐ R SIDE
☐ R REAR
☐ L FRONT
☐ L SIDE
☐ L REAR
☐ REAR
☐ TOP
☐ UNDERCARRIAGE
☐ OTHER _____

SHADE DAMAGED AREA



EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

N/A

Collision

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

X

R. R. R.

Snohomish

COUNTY, WA

BADGE NO.

130

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER
14-02724TOW / IMPOUND
AND INVENTORY RECORD

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM _____.

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN

J M I B L 1 H 6 3 A 1 1 8 2 9 2 0

LICENSE

ATX 5762

STATE

WA

YEAR

2010

MAKE

MAZD

MODEL

M23HT4

MILEAGE

STYLE

COLOR

BLU

☐ Report of Sale

☐ Digital

DRIVER

NAME (LAST, FIRST, MI)

UNKNOWN

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

DOB

REGISTERED OWNER

NAME (LAST, FIRST, MI)

GRIFFIN, KARI A

STREET ADDRESS

1116 E MARINE VIEW DR

CITY, STATE, ZIP CODE

EVERETT WA 98201

PHONE

LEGAL OWNER

NAME (LAST, FIRST, MI)

SAMIE AS R/O

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 10/30/14 AT 1900 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE 2000 SR 9 NIE LA SKY VALLEY (TOWING FIRM)

TO REMOVE THIS VEHICLE FROM 2000 SR 9 NIE LAKE STEVENS

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE

DOL TOW TRUCK NO.

DATE

EQUIPMENT

DAMAGE

EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

☐ GLOVE BOX LOCKED

☐ KEYS []

☐ AUTO STEREO

☐ AUDIO TAPES / CD'S []

☐ CB RADIO

☐ RADAR DETECTOR

☐ TRUNK LOCKED

☐ SPARE TIRE

☐ JACK

☐ CHAINS

☐ OTHER _____

☐ FRONT

SHADE DAMAGED AREA

☐ R FRONT

☐ R SIDE

☐ R REAR

☐ L FRONT

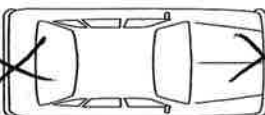
☐ L SIDE

☐ L REAR

☐ REAR

☐ TOP

☐ UNDERCARRIAGE

☒ OTHER COLLISION -


INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

DRIVER TRANSPORTED BY AID CAR FROM THE SCENE TO THE HOSPITAL

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

BADGE NO.

72

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X

3000-110-076 (R 7/11)

SUPERVISOR

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

14-02724

TOW / IMPOUND
AND INVENTORY RECORD

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN KMH4DN52D06V188705			
LICENSE 190YLE	STATE WA	YEAR 2006	MAKE HYUNDAI
MILEAGE <input type="checkbox"/> Report of Sale		STYLE H/B	MODEL SILV

DRIVER

NAME (LAST, FIRST, MI) SAME AS R/D	
STREET ADDRESS	
CITY, STATE, ZIP CODE	
PHONE	DOB

REGISTERED OWNER

NAME (LAST, FIRST, MI) LABORER Amy R	
STREET ADDRESS 13010 311th AVE SE	
CITY, STATE, ZIP CODE SULZAR WA 98284	
PHONE	

LEGAL OWNER

NAME (LAST, FIRST, MI) STATE FARM BANK	
STREET ADDRESS P.O. BOX 888596	
CITY, STATE, ZIP CODE MADISON, WI 53705	
PHONE	

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 10/30/14 AT 1730 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE SKY VALLEY (TOWING FIRM)

TO REMOVE THIS VEHICLE FROM SR9 MP 165

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE [Signature] DOL TOW TRUCK NO. DATE

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED <input type="checkbox"/> KEYS [] <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> AUDIO TAPES / CD'S [] <input type="checkbox"/> CB RADIO <input type="checkbox"/> RADAR DETECTOR <input type="checkbox"/> TRUNK LOCKED <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER	<input type="checkbox"/> FRONT <input type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input checked="" type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER		

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

NOT INVENTORIED

COLLISION

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE X [Signature]

BADGE NO. 130

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE X

14 02724

- 1) AAX 1332 4-789-6506 TOWED
- 2) ACH 1357 4-346-1012 TOWED - Hosp HAND/EYE
- 3) AJX 5762 4-303-0378 TOWED - Hosp
- 4) AEM 5809 DRIVEN AWAY - 2 PAS
- 5) IROYLE 206-818-8976 TOWED - Hosp.
- 6) B11767R - 4-766-0360 - LEFT SCENE

WITNESSED APR 7947 - 10928 LK WHEN DR.

10/30/2014

Brittany Wanless 5/2/87

Aspen Wanless (8) middle: Marie

Elijah Wanless (10) middle: William

8817 Lakewood Rd
Stanwood, WA 98292

425-268-6997

Buick, Enclave

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>AUERMAN #72</i>		Case Number <i>14-02724</i>	
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: <i>COLLISION</i>		Date/Time: <i>10-30-14 / 2:45</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfkg will be held for 60 days or 60 days past owner notification			

Case # *14-02724*

Item # Action #	<i>1</i>	Item <i>CD-RW</i>	Brand Name <i>COMPUCESSOR</i>	Storage Location	Disposition			
		Brand/Model/Caliber (Further Description)						
	<i>3</i>	Serial #	Where Found <i>2000 SR 9 ME LES</i>			Weight of Narcotic		
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>PCS</i>								
		Item	Brand Name					
		Brand/Model/Caliber (Further Description)						
		Serial #	Where Found			Weight of Narcotic		
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
		Item	Brand Name					
		Brand/Model/Caliber (Further Description)						
		Serial #	Where Found			Weight of Narcotic		
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
		Item	Brand Name					
		Brand/Model/Caliber (Further Description)						
		Serial #	Where Found			Weight of Narcotic		
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
		Item	Brand Name					
		Brand/Model/Caliber (Further Description)						
		Serial #	Where Found			Weight of Narcotic		
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>AUKERMAN #72</i>		Case Number <i>14-02724</i>	
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: <i>COLLISION</i>		Date/Time: <i>10/31/14 2045</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sftg will be held for 60 days or 60 days past owner notification			

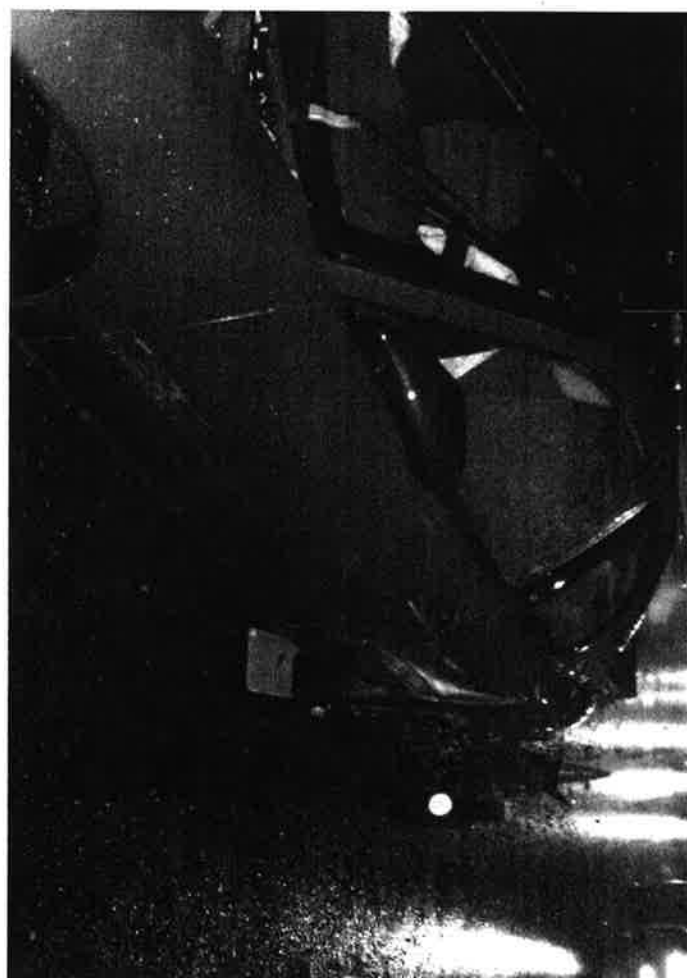
Case # 14-02724

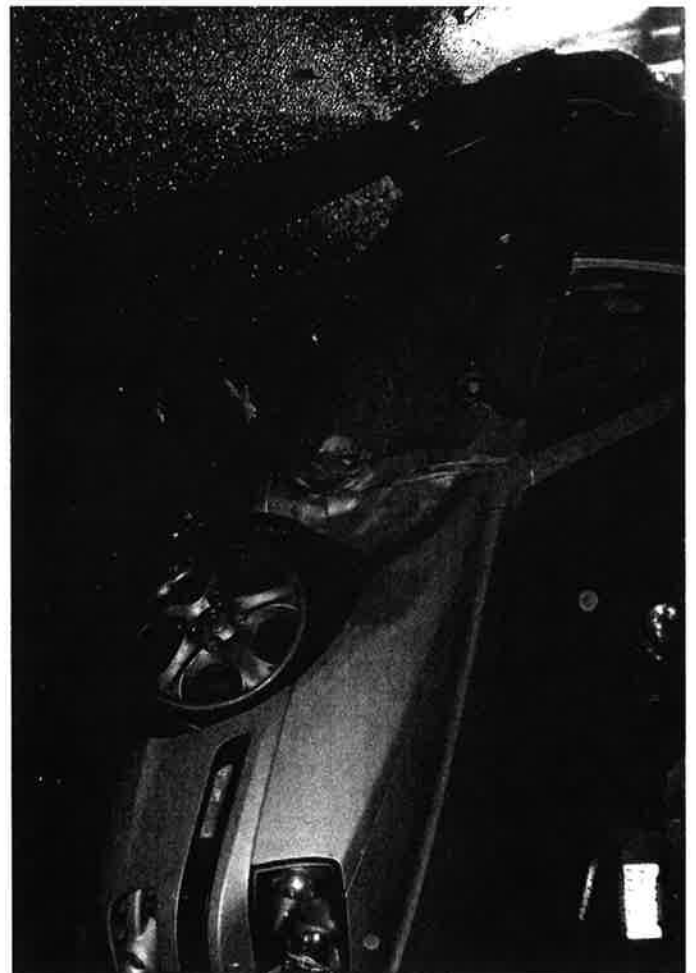
Item # Action #	<i>2</i>	Item <i>CD-RW</i>	Brand Name <i>COMMERCIAL</i>	Storage Location	Disposition			
		Brand/Model/Caliber (Further Description)						
	Serial #	Where Found <i>12511 84 ST NE LAS</i>	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>PLS</i>								
		Item	Brand Name					
		Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
		Item	Brand Name					
		Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
		Item	Brand Name					
		Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
		Item	Brand Name					
		Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

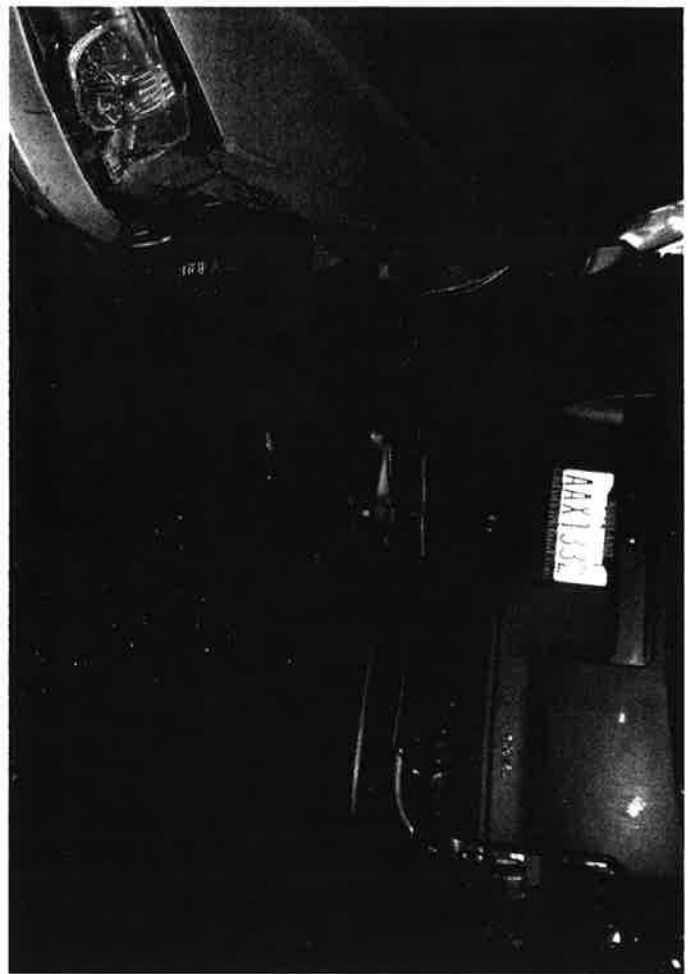
Evidence Control Use Only:			
Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:
			ROUTING: _____
			White: Property Room
			Yellow: Case File



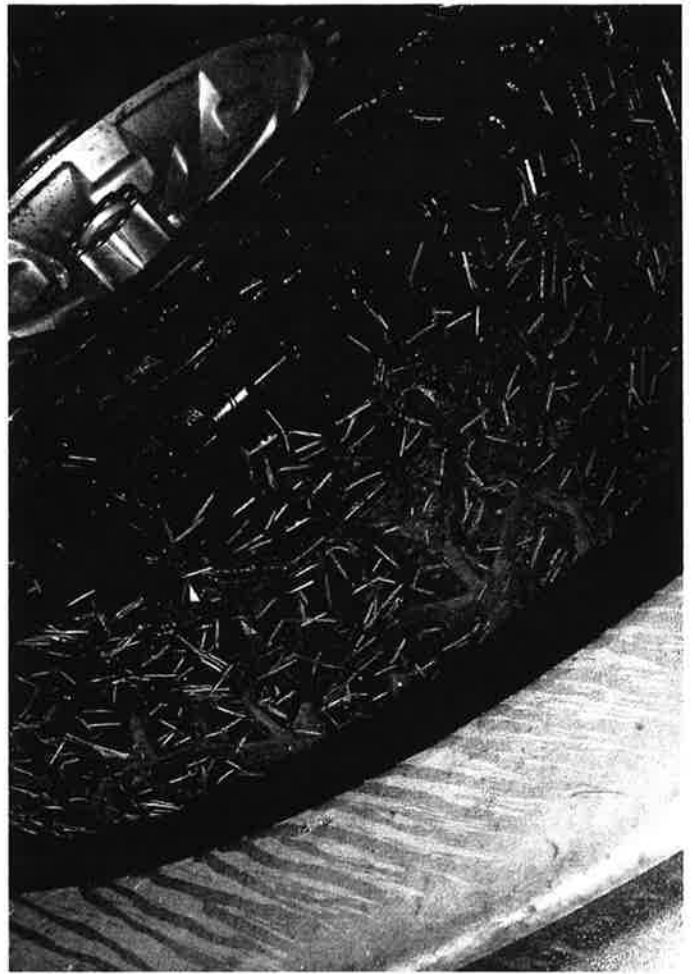






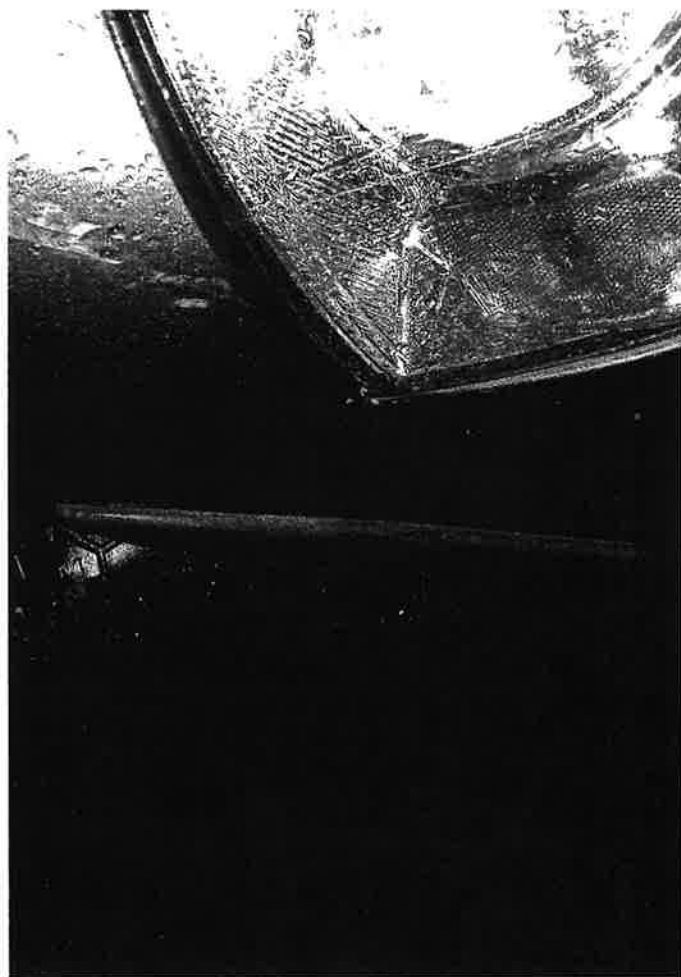
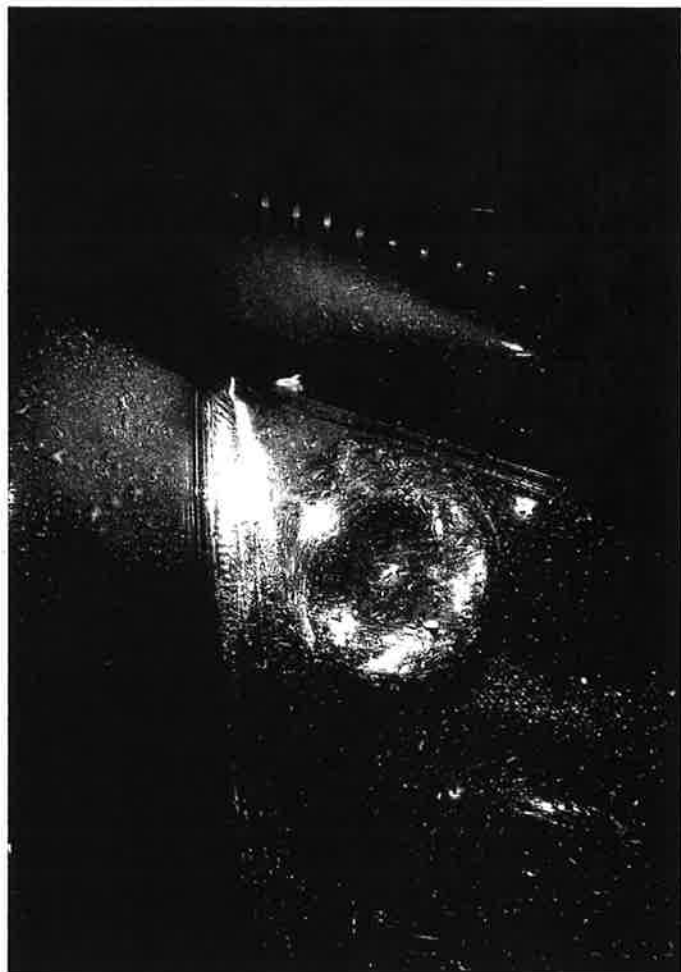
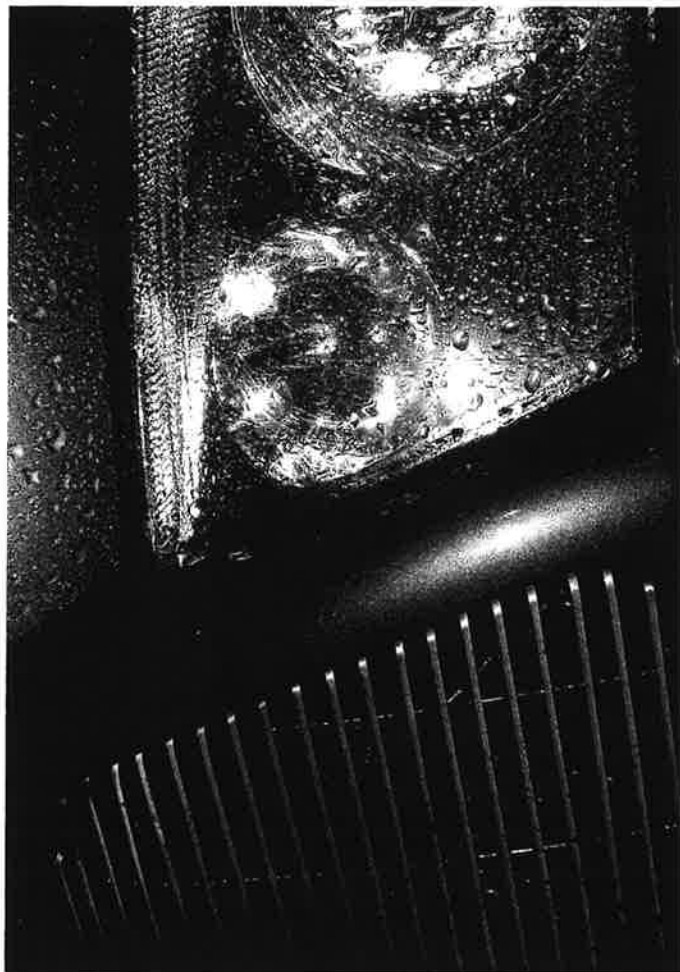














To: Lake Stevens Police Department

Fax: 425-334-9852

From: Sky Valley Towing Phone: 360-563-6090 Fax: 360-568-7812

504 Lincoln Ave, Snohomish, WA 98290

Authorized Agents Signature

Tony 139

VIN # 1B3ES42C9TD595637

LST WA LTR

LP ACH1357

MAKE DODGE MODEL NEON YR 96 COLOR RED

IMP. FROM (ADDRESS) SUPER HIGHWAY & HWY 9

CASE # 14-02724

MISC. _____

DATE OF IMPOUND

10/30/14

TIME OF IMPOUND

2110

SNOHOMISH COUNTY
WILL INSERT HERE

[] NOT SCSO JURISDICTION

_____ JURISDICTION

ONLY VEHICLES PRIVATELY IMPOUNDED FROM UNINCORPORATED SNOHOMISH COUNTY ARE TO BE REPORTED ON THIS FORM.
VEHICLES PRIVATELY IMPOUNDED FROM INCORPORATED AREAS OF SNOHOMISH CO. ARE TO BE REPORTED TO THE POLICE DISPATCH CENTER.
FAXING THIS FORM TO THE SNOHOMISH COUNTY SHERIFF AT THE TIME OF IMPOUND WILL MEET THE REQUIREMENTS OF IMMEDIATE NOTIFICATION AND SUBSEQUENT WRITTEN NOTICE WITHIN 24 HOURS SPECIFIED IN RCW 46.55.100 YOUR NOTIFICATION FORM WILL BE FAXED BACK TO YOU CONTAINING REGISTRATION INFORMATION.

RESPONSE FAXED _____

To: Lake Stevens Police Department

Fax: 425-334-9852

From: Sky Valley Towing Phone: 360-563-6090 Fax: 360-568-7812

504 Lincoln Ave, Snohomish, WA 98290

Authorized Agents Signature JBZ

VIN # 2FMDA5340YBA 91657

LST WA LYR LP AAX 1332

MAKE FORD MODEL WINDSTAR YR 00 COLOR

IMP. FROM (ADDRESS) Hwy 9 / SUPER HILL

CASE # 14-02724

MISC.

DATE OF IMPOUND 30 OCT TIME OF IMPOUND 2030

SNOHOMISH COUNTY
WILL INSERT HERE

[] NOT SCSO JURISDICTION

JURISDICTION

ONLY VEHICLES PRIVATELY IMPOUNDED FROM UNINCORPORATED SNOHOMISH COUNTY ARE TO BE REPORTED ON THIS FORM.
VEHICLES PRIVATELY IMPOUNDED FROM INCORPORATED AREAS OF SNOHOMISH CO. ARE TO BE REPORTED TO THE POLICE DISPATCH CENTER.
FAXING THIS FORM TO THE SNOHOMISH COUNTY SHERIFF AT THE TIME OF IMPOUND WILL MEET THE REQUIREMENTS OF IMMEDIATE NOTIFICATION AND SUBSEQUENT WRITTEN NOTICE WITHIN 24 HOURS SPECIFIED IN RCW 46.55.100 YOUR NOTIFICATION FORM WILL BE FAXED BACK TO YOU CONTAINING REGISTRATION INFORMATION.

RESPONSE FAXED

To: Lake Stevens Police Department

Fax: 425-334-9852

From: Sky Valley Towing Phone: 360-563-6090 Fax: 360-568-7812

504 Lincoln Ave, Snohomish, WA 98290

Authorized Agents Signature _____

VIN # JM1BC1H63A1182920

LST: WA LTR LP ASX 5762

MAKE MAZDA MODEL 3 YR 10 COLOR

IMP. FROM (ADDRESS) Hwy 9 / Sober Hill

CASE # 14-02724

MISC. _____

DATE OF IMPOUND 30 OCT TIME OF IMPOUND 2100

SNOHOMISH COUNTY
WILL INSERT HERE

☐ NOT SCSO JURISDICTION

_____ JURISDICTION

ONLY VEHICLES PRIVATELY IMPOUNDED FROM UNINCORPORATED SNOHOMISH COUNTY ARE TO BE REPORTED ON THIS FORM.
VEHICLES PRIVATELY IMPOUNDED FROM INCORPORATED AREAS OF SNOHOMISH CO. ARE TO BE REPORTED TO THE POLICE DISPATCH CENTER.
FAXING THIS FORM TO THE SNOHOMISH COUNTY SHERIFF AT THE TIME OF IMPOUND WILL MEET THE REQUIREMENTS OF IMMEDIATE NOTIFICATION AND SUBSEQUENT WRITTEN NOTICE WITHIN 24 HOURS SPECIFIED IN RCW 46.55.100 YOUR NOTIFICATION FORM WILL BE FAXED BACK TO YOU CONTAINING REGISTRATION INFORMATION.

RESPONSE FAXED _____

To: Lake Stevens Police Department

Fax: 425-334-9852

From: Sky Valley Towing Phone: 360-563-6090 Fax: 360-568-7812

504 Lincoln Ave, Snohomish, WA 98290

Authorized Agents Signature _____

VIN # KM4DNSG6D6G0188705

LST WA LTR LP 190 YLE

MAKE HYUNDAI MODEL ELANTRA YR 06 COLOR OG

IMP. FROM (ADDRESS) SOBER HILL RD / HWY 9

CASE # 14 - 02724

MISC. _____

DATE OF IMPOUND 30 OCT TIME OF IMPOUND 2100

SNOHOMISH COUNTY
WILL INSERT HERE

[] NOT SCSO JURISDICTION

_____ JURISDICTION

ONLY VEHICLES PRIVATELY IMPOUNDED FROM UNINCORPORATED SNOHOMISH COUNTY ARE TO BE REPORTED ON THIS FORM.
VEHICLES PRIVATELY IMPOUNDED FROM INCORPORATED AREAS OF SNOHOMISH CO. ARE TO BE REPORTED TO THE POLICE DISPATCH CENTER.
FAXING THIS FORM TO THE SNOHOMISH COUNTY SHERIFF AT THE TIME OF IMPOUND WILL MEET THE REQUIREMENTS OF IMMEDIATE NOTIFICATION AND SUBSEQUENT WRITTEN NOTICE WITHIN 24 HOURS SPECIFIED IN RCW 46.55.100 YOUR NOTIFICATION FORM WILL BE FAXED BACK TO YOU CONTAINING REGISTRATION INFORMATION.

RESPONSE FAXED _____

SNOPAC

VEHICLE WORKSHEET

Teletype: 425-407-3904

Stolen / Recovery

FAX: 425-407-3968

	Date	Agency	Officer Name/#	Incident #	Case #	Op #
Stolen		BP			14.021736	
Recovery	10.30.14	LKS Pd	Rutherford #130	14.021616	14.002785	224
APB Broadcast:	North Co	East Co	South Co	EVE PD	MAR PD	SNOCOM
	WSP	ICOM	SKAGIT	ALL	OTHER:	

THEFT ADDRESS:

VEHICLE INFORMATION:

COLOR: DGR YEAR: 1992 MAKE: Honda MODEL: Pre
 STYLE: 2D LICENSE: AAB9900 STATE: WA
 VIN: JHMBB2166NC019397

MISC. DESCRIPTION:

REGISTERED OWNER INFORMATION:

NAME:

Phone Numbers: #1/ #2/

Alternate #:

IMPOUND OK: YES NO OTHER INSTRUCTIONS:

RECOVERY INFORMATION:

LOCATION: 2207 104 DR NE, LKS

CONDITION: Appears Drivable All 4 round Ignition Intact

Additional:

SUSPECTS IN CUSTODY: YES NO AGENCY:PLATES INTACT: BOTH PLATES 1 PLATE NONE

RO NOTIFIED: YES NO PERSON NOTIFIED: TIME:

VEH IMPOUNDED: YES NO TOW COMPANY: PHONE:

MISC. INFORMATION:

TELETYPE INFORMATION:

CHECK FOR ENTRY: WACIC/NCIC DOL NLETS

ENTERED: DATE: TIME: OPER:

LOCATED: DATE: 10/30/14 TIME: OPER: 224

CLEARED: DATE: TIME: OPER:

RECOVERY MSG #: 20 OPER: 226

WAC #: NIC #:

2ND PARTY CHECK OPER: DATE:

IMPOUNDED VEHICLE ENTRY FORM

Type of Impound: (Check one)

Police Impound ☒Private Impound ☐ Repo ☐

For Police Impound: Reason for Impound and Case Number (if available):

(DUI, DWLS, COL, ABAND, VEHR, EVIDENCE, Etc.)

Case Number: 6S14002724

Reason: Driver Transported From Accident Scene

MKE/ (Circle One)

EVI

EVIP

EVR

ORI/ WA0311900

LIC/ ACH1357

LIS/ WA

LIY/ 2015

LIT/ PC

VIN/ 1B3ES42C9TD595637

VYR/ 1996

VMA/ DODGE

VMO/ NEON

VST/ 2D

VCO/ RED

DATE OF IMPOUND/REPO: 10/30/2014

TOW COMPANY NAME: SKY VALLEY

TOW COMPANY OCA/** 51605061 PHONE #: 360-7947769

**(For Repossession Company with no DOL issued OCA, use 5999) 360-563-6090

Address Taken From: 2000 SR9 NE Lake Stevens Wa

City of Jurisdiction: Lake Stevens PD

For Repo:

Financial Institution:

Contact Person:

Phone #:

For Teletype:

Date: 10/30/14

Entered By: 375

WAC #: 14V0122336

Checked By: _____

Checked Date: _____

CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE

TOW / IMPOUND
AND INVENTORY RECORD

CASE / EVIDENCE NUMBER

14-02724

VEHICLE INFORMATION

VIN 1B3E542C9TD595637				
LICENSE ACH1357	STATE WA	YEAR 1996	MAKE DODGE	MODEL NIGHT
MILEAGE <input type="checkbox"/> Report of Sale		DIGITAL <input type="checkbox"/> Digital		
CP		RED		

DRIVER		REGISTERED OWNER		LEGAL OWNER	
NAME (LAST, FIRST, MI) LANKENDINH	NAME (LAST, FIRST, MI) FLEMING, CHRISTOPHER M	NAME (LAST, FIRST, MI) SAME AS R/O			
STREET ADDRESS	STREET ADDRESS 10364 ROAD 5.8 NIE	STREET ADDRESS			
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE MUSKIE LAKE WA 98837	CITY, STATE, ZIP CODE			
PHONE	PHONE	PHONE			

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 10-30-14 AT 1900 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE SKY VALLEY

TO REMOVE THIS VEHICLE FROM 2000 SR 9 NIE LAKE STEVENS WA (TOWING FIRM)

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE [Signature] DOL TOW TRUCK NO. 502-ER DATE _____

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED <input type="checkbox"/> KEYS [] <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> AUDIO TAPES / CD'S [] <input type="checkbox"/> CB RADIO <input type="checkbox"/> RADAR DETECTOR <input type="checkbox"/> TRUNK LOCKED <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER _____	FRONT R FRONT R SIDE R REAR L FRONT L SIDE L REAR REAR TOP UNDERCARRIAGE <input checked="" type="checkbox"/> OTHER <u>APPEARS TOTAL LOSS</u>		

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

DRIVER TRANSPORTED FROM SCENE BY AIR CAR

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE [Signature]

SNOHOMISH
COUNTY, WA

BADGE NO. 72

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE X

3000-110-078 (R 7/11)

SUPERVISOR

IMPOUNDED VEHICLE ENTRY FORM

Type of Impound: (Check one)

Police Impound ☒ Private Impound _____ Repo _____

For Police Impound: Reason for Impound and Case Number (if available):

(DUI, DWLS, COL, ABAND, VEHR, EVIDENCE, Etc.)

Case Number: 5514002724 Reason: CollisionMKE/ (Circle One) (EVI) EVIP EVRORI/ WA0311900LIC/ AA X1332 LIS/ WA LIY/ 2015 LIT/VIN/ 2FMDA5340YBA91657VYR/ 2000 VMA/ FORD VMO/ WNDSTRVST/ VAN VCO/ BLUDATE OF IMPOUND/REPO: 10/30/14TOW COMPANY NAME: SKY VALLEYTOW COMPANY OCA/** 5061 PHONE #: 360-563-6090

**(For Repossession Company with no DOL issued OCA, use 5999)

Address Taken From: SRA AT MP 165City of Jurisdiction: LKS

For Repo:

Financial Institution: _____

Contact Person: _____

Phone #: _____

For Teletype:

Date: 10/30/14Entered By: 375WAC #: 14V0122343

Checked By: _____

Checked Date: _____

CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.605
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER
☐ REGISTERED OWNER MAY REDEEM

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE

TOW / IMPOUND
AND INVENTORY RECORD

CASE / EVIDENCE NUMBER

14-02724

VEHICLE INFORMATION

VIN 2FMDG5340YBA91657				
LICENSE AA1332	STATE WA	YEAR 00	MAKE Ford	MODEL WINDSTAR
MILEAGE <input type="checkbox"/> Report of Sale <input type="checkbox"/> Digital		STYLE Van	COLOR BW	

DRIVER

REGISTERED OWNER

LEGAL OWNER

NAME (LAST, FIRST, MI)
 ROOSEVELT MEREDITH
 STREET ADDRESS
 1525 4TH AVE NE
 CITY, STATE, ZIP CODE
 Marysville 98270
 PHONE
 122413

NAME (LAST, FIRST, MI)
 SAINTE AS LEGAL
 STREET ADDRESS
 CITY, STATE, ZIP CODE
 PHONE

NAME (LAST, FIRST, MI)
 PAREJA, FERMIN
 STREET ADDRESS
 2416 17TH PL NE
 CITY, STATE, ZIP CODE
 LAKE STEVENS 98258
 PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 10/30/14 AT 1915 PURSUANT TO RCW 46.56.085 / .113 AND HAVING PERSONALLY INVENTORIED THE
 ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE SKY VALLEY (TOWING FIRM)

TO REMOVE THIS VEHICLE FROM 329 mp 16.5
 I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE 8132 DOL TOW TRUCK NO. DATE

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED <input type="checkbox"/> KEYS () <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> AUDIO TAPES / CD'S () <input type="checkbox"/> CB RADIO <input type="checkbox"/> RADAR DETECTOR <input type="checkbox"/> TRUNK LOCKED <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> FRONT SHADE DAMAGED AREA <input type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER		

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

N/A

Collision

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE X [Signature]

Snohomish
COUNTY, WA

BADGE NO. 130

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLES.

DRIVER'S SIGNATURE X

SUPERVISOR

IMPOUNDED VEHICLE ENTRY FORM

Type of Impound: (Check one)

Police Impound ☒ Private Impound _____ Repo _____

For Police Impound: Reason for Impound and Case Number (if available):

(DUI, DWLS, COL, ABAND, VEHR, EVIDENCE, Etc.)

Case Number: SS14002724 Reason: COLMKE/ (Circle One) (EVI) EVIP EVRORI/ WA031 1900LIC/ 1904LE LIS/ WA LIY/ 2014 LIT/ PCVIN/ KMH DN 56 D 6 U 1887 05VYR/ 2006 VMA/ HYUN VMO/ ELAVST/ HR VCO/ SILDATE OF IMPOUND/REPO: 10/30/14TOW COMPANY NAME: SKY VALLEYTOW COMPANY OCA/** 5001 PHONE #: 360-563-6090

**(For Repossession Company with no DOL issued OCA, use 5999)

Address Taken From: SRA AT MP 165City of Jurisdiction: LKS

For Repo:

Financial Institution:

Contact Person:

Phone #:

For Teletype:

Date: 10/30/14Entered By: 375WAC #: 14V0122348

Checked By: _____

Checked Date: _____

14-02724

CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☐ IMPOUND ONLY
☐ DUW/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM.
☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER, REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.
☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER, DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE

TOW / IMPOUND
AND INVENTORY RECORD

VEHICLE INFORMATION

VIN KMH1DN52DULV188705			
LICENSE 190YLE	STATE WA	YEAR 2006	MAKE HYUNDAI
MILEAGE 1704		STYLE H/B	MODEL ELTA
<input type="checkbox"/> Report of Sale		<input type="checkbox"/> Digital	
DRIVER NAME (LAST, FIRST, MI) SAME AS R/D		LEGAL OWNER NAME (LAST, FIRST, MI) STATE FARM BANK	
STREET ADDRESS 13010 311th AVE SE		STREET ADDRESS PO BOX 25961	
CITY, STATE, ZIP CODE SULTON WA 98294		CITY, STATE, ZIP CODE HARRISON, WA 98003	
PHONE ---		PHONE ---	

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 10/30/14 AT 1730 PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE
 ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE SKY VALLEY (TOWING FIRM)
 TO REMOVE THIS VEHICLE FROM SEC 9 MR 1105
 I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.
 TOW DRIVER'S SIGNATURE [Signature] DOI, TOW TRUCK NO. _____ DATE _____

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED <input type="checkbox"/> KEYS [] <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> AUDIO TAPES / CD'S [] <input type="checkbox"/> CB RADIO <input type="checkbox"/> RADAR DETECTOR <input type="checkbox"/> TRUNK LOCKED <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER _____	<input type="checkbox"/> FRONT <input type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input checked="" type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER _____		
INVENTORY/EVIDENCE		NARRATIVE OR DIAGRAM (List reason(s) for impound.)	
NOT INVENTORIED		COLLISION	

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

X

BADGE NO.

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X

SUPERVISOR

IMPOUNDED VEHICLE ENTRY FORM

Type of Impound: (Check one)

Police Impound ☒ Private Impound ☐ Repo ☐

For Police Impound: Reason for Impound and Case Number (if available):
(DUI, DWLS, COL, ABAND, VEHR, EVIDENCE, Etc.)

Case Number: 5514002724 Reason: COL

MKE/ (Circle One) EVI EVIP EVR

ORI/ WA031 1900

LIC/ AX576Z LIS/ WA LIY/ 2015 LIT/ PC

VIN/ JMIBL1H63A118292D

VYR/ 2010 VMA/ MAZD VMO/ M23HT4

VST/ SD VCO/ BLU

DATE OF IMPOUND/REPO: 10/30/14

TOW COMPANY NAME: SKY VALLEY

TOW COMPANY OCA/** 5001 PHONE #: 360-563-6090

**(For Repossession Company with no DOL issued OCA, use 5999)

Address Taken From: 2000 SR 9 NE

City of Jurisdiction: LKS

For Repo:

Financial Institution:

Contact Person:

Phone #:

For Teletype:

Date: 10/31/14

Entered By: 375

WAC #: 14V0122351

Checked By: _____

Checked Date: _____

CASE / EVIDENCE NUMBER

14-02724

UNIFORM WASHINGTON STATE

VEHICLE INFORMATION

VEHICLE INFORMATION									
VIN J M I B L 1 H 6 3 A 1 1 8 2 9 2 0									
LICENSE ATX 5762		STATE WA		YEAR 2010		MAKE Mazda		MODEL Mazda3	
<input type="checkbox"/> Report of Sale		<input type="checkbox"/> Digital		MILEAGE		STYLE		COLOR BLU	
REGISTERED OWNER						LEGAL OWNER			

REGISTERED OWNER	LEGAL OWNER
NAME (LAST, FIRST, MI) GRIFFIN, KARL A	NAME (LAST, FIRST, MI) Same as R/O
STREET ADDRESS 1116 E MARINE VIEW DR	STREET ADDRESS
CITY, STATE, ZIP CODE EVERETT WA 98201	CITY, STATE, ZIP CODE
PHONE	PHONE


ON THIS DATE OF 10/30/14 AT 1900 PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE
(24 HOUR)
ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE 2000 SE 9 AVE LA SKY VALLEY
(TOWING FIRM)

TO REMOVE THIS VEHICLE FROM 2000 SR 9 N.E. LAKE SITKA

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE

DOJ TOW TRUCK NO. 3424 DATE 11-1-74

EQUIPMENT		DAMAGE		EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED	<input type="checkbox"/> FRONT	SHADE DAMAGED AREA			
<input type="checkbox"/> KEYS []	<input type="checkbox"/> R FRONT				
<input type="checkbox"/> AUTO STEREO	<input type="checkbox"/> R SIDE				
<input type="checkbox"/> AUDIO TAPES / CD'S []	<input type="checkbox"/> R REAR				
<input type="checkbox"/> CB RADIO	<input type="checkbox"/> L FRONT				
<input type="checkbox"/> RADAR DETECTOR	<input type="checkbox"/> L SIDE				
<input type="checkbox"/> TRUNK LOCKED	<input type="checkbox"/> L REAR				
<input type="checkbox"/> SPARE TIRE	<input type="checkbox"/> REAR				
<input type="checkbox"/> JACK	<input type="checkbox"/> TOP				
<input type="checkbox"/> CHAINS	<input type="checkbox"/> UNDERCARRIAGE				
<input type="checkbox"/> OTHER _____	<input checked="" type="checkbox"/> OTHER <u>COLLISION -</u>				

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(1st reason(x) for imbound.)

DRIVER TRANSPORTED BY AID CAR FROM
THE SCENE TO THE HOSPITAL.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE _____

SEASIDE
COUNTY, WA

BADGE NO. 77

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOWIMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

SUPERVISOR

TRANSMISSION OK

JOB NO.	2901
DESTINATION ADDRESS	914254073968
SUBADDRESS	
DESTINATION ID	SnoPac
ST. TIME	10/30 21:54
TX/RX TIME	01' 33
PGS.	5
RESULT	OK

LAKE STEVENS POLICE DEPARTMENT

FAX COVER SHEET

**2211 Grade Road
Lake Stevens WA 98258
Phone 425-334-9537 Fax 425-334-9842**



TO:	SNO PAC	FAX:	
FROM:	OFC ALKERMANN # 72	DATE:	10/30/2014
CC:		PAGES:	5
RE:	4 TOWED VEHICLES 14-02724		

☒ WHEN THIS BOX IS CHECKED, THE FOLLOWING IS **CONFIDENTIAL POLICE INFORMATION** AND MAY NOT BE DISSEMINATED.

[illegible]

Case Numbers: \$SS14002724
Entered 10/30/14 18:23:15 BY SPDF24 SP0355
Dispatched 10/30/14 18:24:17 BY SPSC40 SP0166
Enroute 10/30/14 18:24:17
Onscene 10/30/14 18:32:43
Closed 10/30/14 21:40:33

Initial Type: INFO Initial Alarm Level: Final Alarm Level:
Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H
Police BLK: SS002 Fire BLK: AG1618 Map Page: 377E-5 Group: SS1 Beat: WEST
Src: T
Loc: SOPER HILL RD/SR 9 NE , LKS (V)

Loc Info: NB SR 9 SO SOPER HILL
Name: BRITTNEY Addr: Phone: 4252686997

/1823 (SP0355) ENTRY 2 CAR MVC, MULTI VEHS INVOLVED IN BOTH LANES. UN
K INJS
/1824 (SP0166) MISC , BRCST
/1824 DISPER 19N1 #SS72 AUKERMAN, OFFICER (WAYNE)
/1824 CHANGE TYP: INFO
---> COL
/1824 ASSTER 19S13 #SS95 MINER, SGT (ROBERT)
/1824 ASSTER 19N2 [SOPER HILL RD/SR 9 NE , LKS]
#SS130 RUTHERFORD, OFCR (RICH)
/1824 (SP0355) CROSS #AG14003103
/1824 (SP0263) SUPP TXT: NICOLE WITNESS (425) 583-7644
/1825 (SP0166) \$CROSS #SS14021612
/1825 DUP #SS14021612
, ADV
/1825 DUP PHO: 4255837644
/1825 (SP0263) SUPP NAM: BRITTNEY,
PHO: 4252686997,
TXT: CAN PH NICOLE IF NEEDED FOR WITNESS STATEME
NT
/1832 (SP0348) SUPP TXT: AID OS NB SR 9 , 3 VEHS, ADV OF POSS 2ND CO
LLISION IN SB LANES
/1832 (SP0224) ONSCNE 19S13
/1835 (SS72) *ONSCNE 19N1
/1840 (SP0224) MISC 19S13 , 3 TOWS 2 WILL NEED FLATBED
/1840 ROTREQ 19S13 TOW 5061 LKS SKY VAL SNO
3605636090 , 3 TOWS 2 WILL NEED FLATBED
/1840 (SS72) REMINQ 19N1 MDTVEH, AAX1332, , WA, , , , , , , , , ,
/1840 REMINQ 19N1 MDTVEH, ACH1357, , WA, , , , , , , , , ,
/1840 REMINQ 19N1 MDTVEH, AJX5762, , WA, , , , , , , , , ,
/1841 REMINQ 19N1 MDTVEH, AFM5809, , WA, , , , , , , , , ,
/1841 REMINQ 19N1 MDTVEH, 190YLE, , WA, , , , , , , , , ,
/1841 (SP0224) MISC 19S13 , SKY VAL ENRT FOR 3..ADV'D 2 WILL NEED FLAT BEDS
/1841 (SS72) *MISC 19N1 , WITNESS APR7947 10928 LK VIEW DR
/1842 REMINQ 19N1 MDTVEH, APR7947, , WA, , , , , , , , , ,
/1848 (SP0224) MISC 19S13 , SKY VALLEY W/TAKE THE 4TH VEH ALSO
/1854 (SS130) REMINQ 19N2 MDTVEH, AAX1332, , WA, , , , , , , , , ,
/1854 REMINQ 19N2 MDTVEH, 190YLE, , WA, , , , , , , , , ,
/1856 (SS72) *MISC 19N1 , F150-LEFT THE SCENE-INVOLVED-B11767-KRAMMER, CA
RLSON 4-760-0360
\$SS14002724
/1857 (SP0224) ASNCAS 19N1
/1857 ONSCNE 19N2
/1858 (SS72) *MISC 19N1 , U1 ROSEVMM274R3-WESTFIELD INS AAX1332
/1858 REMINQ 19N1 MDTWANT, ROSEVELT, MERIDITH, M, 122373, , , WA, , , , , , , , , ,

/1900		*MISC	19N1	,AFM5809-WANLESS-AMERICAN FAMILY INS #1914-3356-03-85-FPPA-WA ALSO 2 PASS
/1900		REMINQ	19N1	MDTWANT, WANLESS, BRITTANY, A, 050287, , , WA, , , , , , , , , , ,
/1902		*MISC	19N1	, , , , , , 190YLE-LABORAR216R1-STATE FARM-139 3306-A21-47B TRANS TO HOSP
/1902		REMINQ	19N1	MDTWANT, LABORDA, AMY, R, 122170, 9, , WA, , , , , , , , , , ,
/1902		REMINQ	19N1	MDTWANT, LABORDA, AMY, R, 122179, , , WA, , , , , , , , , , ,
/1908	(SS130)	REMINQ	19N2	MDTWANT, ROSEVELT, MEREDITH, M, 122373, , , WA, , , , , , , , , , ,
/1922	(SS72)	*MISC	19N1	, , , , , , CALL TO TOW CO
/1923	(SP0224)	\$PREMPT	19N1	
/1923		ASSTOS	19N1	[SOPER HILL RD/SR 9 NE , LKS] #SS72 AUKERMAN, OFFICER (WAYNE)
/1937	(SS72)	*MISC	19N1	, AJX5762-STATE FARM-#187-5508-C24-47
/1938		*MISC	19N1	, ACH1357-OMNI INS-#5800385
/1938		*MISC	19N1	, 1 TOW TRK ON SCENE
/2000	(SP0367)	CHGLOC	19N1	[PROV]
/2007	(SP0224)	\$PREMPT	19N2	
/2012	(SS72)	*ONSCNE	19N1	
/2017	(SS95)	\$PREMPT	19S13	
/2034	(SS72)	*MISC	19N1	, U6-B11767R-
/2034		REMINQ	19N1	MDTVEH, B611767R, , WA, , , , , , , , , , ,
/2034		REMINQ	19N1	MDTVEH, B611767R, , WA, , , , , , , , , , ,
/2035		REMINQ	19N1	MDTVEH, B11767R, , WA, , , , , , , , , , ,
/2035		REMINQ	19N1	MDTWANT, , , , , , WA, CARLSKD093BD, , , , , , , , , , ,
/2044	(SP0224)	MISC	19N1	, 10/30/14 20:44:27 Message From: 19N1
/2044		MISC	19N1	, IM CLEAR THE HOSPITAL AND ENROUTE TO 5924 W FLO WING LAKE RD-STILL
/2044		MISC	19N1	, ON THE COLLISION-THANX
/2044		CHGLOC	19N1	[5924 W FLOWING LAKE RD]
/2055	(SS72)	REMINQ	19N1	MDTVEH, AAL4263, , WA, , , , , , , , , , ,
/2055		REMINQ	19N1	MDTWANT, , , , , , WA, BABKOAI151N7, , , , , , , , , , ,
/2115		*ONSCNE	19N1	
/2123	(SP0224)	CHGLOC	19N1	[PD]
/2134	(SS72)	REMINQ	19N1	MDTVEH, 591WSC, , WA, , , , , , , , , , ,
/2135		REMINQ	19N1	MDTWANT, , , , , , WA, TIMMMB324C4, , , , , , , , , , ,
/2139		*ONSCNE	19N1	
/2140		*CLEAR	19N1	D/H
/2140		CLOSE	19N1	

FAX COVER SHEETA black and white image of a Lake Stevens Police Department badge. The badge is shield-shaped with a central circular seal featuring a profile of a man. Above the seal, a banner reads "LAKE STEVENS". Below the seal, another banner reads "POLICE". The words "OFFICER" and "STATE OF WASHINGTON" are also visible on the badge.

☒ WHEN THIS BOX IS CHECKED, THE FOLLOWING IS **CONFIDENTIAL POLICE INFORMATION** AND MAY NOT BE DISSEMINATED.

**** If you have received this fax in error please notify the sender and destroy this document ****

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

LAKE STEVENS POLICE DEPARTMENT

FOLLOW-UP / ROUTING SHEET

		CASE NUMBER	14-02724
MUST HAVE CITATION NUMBER OR SUSPECT INFO IF FORWARDING TO PROSECUTOR, COURT OR INVESTIGATIONS.		DATE	10/31/2014
CITATION #	SUSPECT	DOB	
CITATION #	SUSPECT	DOB	
CITATION #	SUSPECT	DOB	

OFFICER / DETECTIVE REQUEST

<input checked="" type="checkbox"/> ADD DOCUMENTS TO ORIGINAL FILE		<input checked="" type="checkbox"/> NO FURTHER ACTION REQUIRED	
<input type="checkbox"/> ADDITIONAL STOLEN OR RECOVERED PROPERTY SHEETS ATTACHED FOR DATA ENTRY			
<input type="checkbox"/> FORWARD FOLLOW-UP (COURT HAS OPEN FILE ON CASE)		<input type="checkbox"/> FORWARD COMPLETED COPY OF CASE	
<input type="checkbox"/> MARYSVILLE COURT	<input type="checkbox"/> SNO CO FELONY DIVISION	<input type="checkbox"/> WACIC / NCIC ENTRY FOR RECORDS	
<input type="checkbox"/> CITY PROSECUTOR	<input type="checkbox"/> JUVENILE COURT	<input type="checkbox"/> WASH STATE LIQUOR CONTROL	
<input type="checkbox"/> REVIEW FOR CHARGES	<input type="checkbox"/> CPS/DSHS <input type="checkbox"/> EVERETT <input type="checkbox"/> SKY VALLEY	<input checked="" type="checkbox"/> OTHER: <i>SECTOR REPORT SUP.</i>	
DATE SENT: 11/3/14		BY: <i>Alm</i>	

<input type="checkbox"/> FORWARD ORIGINAL FILE WITH THE FOLLOW-UP TO COURT	
<input type="checkbox"/> CITATION JUVENILE REFERRAL ATTACHED	
<input type="checkbox"/> SUBJECT REFERRED FOR FELONY CHARGING	
DATE SENT:	BY:

<input type="checkbox"/> PROSECUTOR FOLLOW-UP RESPONSE (ATTACH PROSECUTOR REQUEST FORM)		
<input type="checkbox"/> INVESTIGATIONS	OFFICER ASSIGNED <i>A. Herman</i>	DUE DATE

CASE CLOSED

<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARREST MADE SENT TO COURT
<input type="checkbox"/> LACK OF INVESTIGATIVE LEADS	<input type="checkbox"/> VICTIM REQUEST

OFFICER / INVESTIGATOR <i>AUERMAN #72</i>	DATE SIGNED <i>10/31/2014</i>
SERGEANT APPROVAL <i>[Signature] 95</i>	DATE SIGNED <i>10/31/14</i>

RECORDS DATA ENTRY	ADDITIONAL	PERSONS <input type="checkbox"/>	PROPERTY <input type="checkbox"/>	ARRESTS <input type="checkbox"/>
RECORDS:				DATE:


"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

LAKE STEVENS POLICE DEPARTMENT

FOLLOW-UP / ROUTING SHEET

MUST HAVE CITATION NUMBER OR SUSPECT INFO IF FORWARDING TO PROSECUTOR, COURT OR INVESTIGATIONS.		CASE NUMBER 14-02724
CITATION #	SUSPECT	DATE 11-05-2014
CITATION #	SUSPECT	DOB
CITATION #	SUSPECT	DOB
CITATION #	SUSPECT	DOB

OFFICER / DETECTIVE REQUEST

<input checked="" type="checkbox"/> ADD DOCUMENTS TO ORIGINAL FILE		<input checked="" type="checkbox"/> NO FURTHER ACTION REQUIRED	
<input type="checkbox"/> ADDITIONAL STOLEN OR RECOVERED PROPERTY SHEETS ATTACHED FOR DATA ENTRY			
<input type="checkbox"/> FORWARD FOLLOW-UP (COURT HAS OPEN FILE ON CASE)		<input type="checkbox"/> FORWARD COMPLETED COPY OF CASE	
<input type="checkbox"/> MARYSVILLE COURT	<input type="checkbox"/> SNO CO FELONY DIVISION	<input type="checkbox"/> WACIC / NCIC ENTRY FOR RECORDS	
<input type="checkbox"/> CITY PROSECUTOR	<input type="checkbox"/> JUVENILE COURT	<input type="checkbox"/> WASH STATE LIQUOR CONTROL	
<input type="checkbox"/> REVIEW FOR CHARGES	<input type="checkbox"/> CPS/DSHS <input type="checkbox"/> EVERETT <input type="checkbox"/> SKY VALLEY	<input type="checkbox"/> OTHER:	
DATE SENT: 11/6/14		BY: 	

<input type="checkbox"/> FORWARD ORIGINAL FILE WITH THE FOLLOW-UP TO COURT	
<input type="checkbox"/> CITATION JUVENILE REFERRAL ATTACHED	
<input type="checkbox"/> SUBJECT REFERRED FOR FELONY CHARGING	
DATE SENT:	BY:

<input type="checkbox"/> PROSECUTOR FOLLOW-UP RESPONSE (ATTACH PROSECUTOR REQUEST FORM)		
<input type="checkbox"/> INVESTIGATIONS	OFFICER ASSIGNED	DUE DATE

CASE CLOSED

<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARREST MADE SENT TO COURT
<input checked="" type="checkbox"/> LACK OF INVESTIGATIVE LEADS complete	<input type="checkbox"/> VICTIM REQUEST

OFFICER / INVESTIGATOR Aukierman #72	DATE SIGNED 11-05-2014
SERGEANT APPROVAL PLM-95	DATE SIGNED 11/8/14

RECORDS DATA ENTRY	ADDITIONAL PERSONS <input type="checkbox"/>	PROPERTY <input type="checkbox"/>	ARRESTS <input type="checkbox"/>
RECORDS:	DATE:		

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"